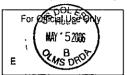
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4945	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Sylvester Needham	Name Local 813 I.B.T.
	Labor Organization File Number 036-119
P.O. Box, Bldg., Room No., if any c/o Local 813 I.B.T	P.O. Box, Building and Room Number, if any Suite 600
Street 45-18 Court Square Suite 600	Street 45-18 Court Square
City Long Island City	City Long Island City
State New York ZIP Code + 4 11101-4347	State New York ZIP Code + 4 11101-4347
5. Position in labor organization. President	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade nan	ne, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		7.b. Amount.
Street		7.5. Alloung
City		
State ZIP Cod	de + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
unders gned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Form LM-38 (2003

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Local 813/1034 Severance&Retirement Tr. Fund a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any Suite 600 c. Employer Street 45-18 Court Square Long Island City State New York ZIP Code + 4 11101-4347 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Related Local 813/1034 Severance & Retirement Name Local 813/1034 Severance&Retirement Tr. Fund Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square 11.b. Approximate dollar value of such dealing. \$2,693,430 Long Island City 12.a. Nature of interest held or income received. 27 Trust Fund Meeting 1/20/05- Parking State New York ZIP Code + 4 11101-4347 12.b. Amount, \$30

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	a. Labor Organization
D.O. Boy Pide Deem No. Keeping.	X b. Trust
P.O. Box, Bldg., Room No., if any Suite 600	c. Employer
Street 45-18 Court Square	G. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	Orlando Conference 2/12/05-2/17/05 Total Expense
	12.b. Amount. \$1,651

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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	N/ in Trust
P.O. Box, Bldg., Room No., if any Suite 600	× ō. Trust
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Ccde + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	813 Trust Fund Meeting 2/09/05 - Parking
	12.b. Amount. \$19

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	-
P.O. Box, Bldg., Room No., if any Suite 600	∑ b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Ccde + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	Educational Conference Segal 4/14/05 Total Expense
	12.b. Amount. \$2,307

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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	× b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Code + 4 11101~4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	American Alliance Conference 5/20/05-5/25/05 Total Expense
	12.b. Amount. \$2,627

File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Ret.irement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square	a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. Related Local 813/1034 Severance & Retirement Trust Fund
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430 12.a. Nature of interest held or income received. Segal Trust Fund Meeting 6/6/05 Parking
	12.b. Amount. \$19

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). Name Local 813/1034 Severance&Retirement Tr. Fund a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any Suite 600 c. Employer Street 45-18 Court Square City Long Island City ZIP Code + 4 11101-4347 State New York 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Related Local 813/1034 Severance & Retirement Name Local 813/1034 Severance&Retirement Tr. Fund Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347 11.b. Approximate dollar value of such dealing. \$2,693,430 12.a. Nature of interest held or income received. 27 Trust Fund Meeting at Segal 6/30/05 - Parking

12.b. Amount.

\$30

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	× b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	813/1034 & 27 Trust Fund Meeting 8/3/05 Parking & Lunch
	12.b. Amount. \$30

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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
8. Name and address of Business (including trade name, if any). Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local 813/1034 Severance&Ret.irement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City	a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. Related Local 813/1034 Severance & Retirement Trust Fund
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430 12.a. Nature of interest held or income received. 813 Insurance Trust Fund Meeting 8/02/05 Lunch
	12.b. Amount. \$28

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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	× b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	27 Trust Fund Meeting 10/06/05 - Parking
	12.b. Amount. \$30

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	-
P.O. Box, Bldg., Room No., if any Suite 600	× b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	813/1034 Trust Fund Meeting 9/20/05 - Parking
	12.b. Amount. \$19

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	メ b. Trust
P.O. Box, Bldg., Room No., if any Suite 600	c. Employer
Street 45-18 Court Square	C. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 813/1034 Severance&Retirement Tr. Fund	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received. Amex Membership Fee Card 10/26/05
	12.b. Amount. \$75

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Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name Local 813/1034 Severance&Retirement Tr. Fund	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	
	a. Labor Organization
Trade Name, if any:	★ b. Trust
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	
Street 45-18 Court Square	
City Long Island City	
State New York ZIP Code + 4 11101-4347	11.b. Approximate dollar value of such dealing. \$2,693,430
	12.a. Nature of interest held or income received.
	Christmas Party 12/09/05
 - -	12.b. Amount. \$98